

DOE F 540.5  
(12-04)

**U.S. Department of Energy**  
**WEATHERIZATION ASSISTANCE PROGRAM**  
**SUBGRANTEE INFORMATION**

OMB Control No. \_\_\_\_\_  
Expires \_\_\_\_\_

**Grant #:** \_\_\_\_\_ **Amendment:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Program Year:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address 1: \_\_\_\_\_ \*Contact: \_\_\_\_\_  
Address 2: \_\_\_\_\_ \*Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\*Email: \_\_\_\_\_

Tentative allocation:	
Planned units:	
Type of organization:	
Sources of Labor:	

Counties served:

Congressional Districts:

\* These fields are optional.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address 1: \_\_\_\_\_ \*Contact: \_\_\_\_\_  
Address 2: \_\_\_\_\_ \*Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\*Email: \_\_\_\_\_

Tentative allocation:	
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Tentative allocation:	
Planned units:	
Type of organization:	
Sources of Labor:	

Counties served:

Congressional Districts:

\* These fields are optional.

**OMB Burden Disclosure Statement**

Public reporting burden for this collection of information is estimated to average 1½ hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

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U.S. Department of Energy  
WEATHERIZATION ASSISTANCE PROGRAM  
WAP SUBGRANTEE INFORMATION  
INSTRUCTIONS

Grant number: The seven-digit Federal identification number assigned to the grant (R999999).  
Amendment: If, applicable.  
State: Name of state or tribal organization submitting the report.  
Program Year: The beginning and ending dates (mm/dd/yy) for the Program Year reported.

Item	Explanation
Name	Name of subgrantee contracted by the state to perform weatherization services (Required)
Contact	Name of contact at the agency (Optional)
Address, City, State, Zip Code, and Phone	Self-explanatory (Required)
Fax, Email	Self-explanatory (Optional)
Tentative Allocation	Self-explanatory (Required). Tentative allocation can include non-DOE funding if included in the DOE budget.
Planned Units	Self-explanatory (Required). Planned units can include those completed with non-DOE funds if included in DOE budget.
Type of Organization	Local action agency, non-profit, tribal organization, unit of local government (Required)
Sources of Labor	Crews, contractors, or both (Required)
Counties Served	Self-explanatory (Required)
Congressional Districts	Self-explanatory (Required)

Complete this information for each subgrantee.